



International Brotherhood of Magicians

MEMBERSHIP APPLICATION

Heart of America Ring #129

Complete Name _____

Professional Name (if any) _____

Complete Address _____

Date of Application _____ Int'l Membership # _____

Daytime Phone _____ Evening Phone _____

Email Address _____

Date of Birth _____ Occupation _____

Brief History of Interest in Magic _____

Other Magic Organizations to which you belong _____

Type of Membership Applied For: Regular Associate Junior

You are a: Pro Semi-Pro Amateur Collector Dealer

I hereby apply for membership in I.B.M. Heart of America Ring #129 and pledge that I will abide by the constitution and By-Laws of this organization. I submit the required dues plus the five dollar application fee with this application, with the understanding that the dues shall be refunded if my membership application is not accepted by the Board of Directors of the Ring.

Ring #129 Member Recommendation

Applicants Signature

Ring #129 Member Recommendation

Date Reviewed _____ _____
APPROVED REJECTED

President _____